



FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES FS 2340

Washington State Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(360) 407-6737

Date Received: APR 19 2001

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions are listed for each section.

1. Notification. Please select one of the following choices. (p.5)

1.a. New notification OR 1.b. Existing RCRA Site ID# WA R 0 0 0 0 0 5 5 7 9
if 1.a., complete entire form if 1.b., choose desired action below and fill in effective date.

DEPARTMENTAL USE ONLY									
WA									

Revise Notification (complete entire form) SR

Indicate which sections are being revised _____

Reactivate Site ID# (complete entire form)

Withdraw/Cancel Site ID# (skip sections 9 and 10)

Effective date of change: / /
mm dd yyyy

2. Site Information (p.7)

Company Name Vopak USA Inc. 1st Ave S
Site Location 4000 1st Avenue South
City/State/Zip Seattle WA 98134-2301 County King
Revenue Number 601 007 463
SIC Code 2399 Type of business Fabricated Textile Products

3. Company Mailing Address (p.7)

Name Vopak USA Inc.
Address P.O. Box 34325
City/State/Zip Seattle, WA 98124-1325

4a. Legal Owner of this site (p.7)

Name Vopak USA Inc.
Mailing Address P.O. Box 34325
City/State/Zip Seattle, WA 98124-1325
Phone (425) 889-3400 ext _____
Owner Since _____

4b. Legal Ownership Type

Please Circle

F = Federal S = State
I = Tribal Trust P = Private
C = County M = Municipal
D = District O = Other

5a. Land Owner of this site (p.8)

Name Cascade Designs Inc.
Mailing Address 4000 1st Avenue South
City/State/Zip Seattle, WA 98134-2301
Phone (206) 583-0583 ext _____

5b. Land Ownership Type

Please Circle

F = Federal S = State
I = Tribal Trust P = Private
C = County M = Municipal
D = District O = Other

RCRA Site ID # (p.5) WAR 000 005 579

Name of site (same as section 2) same

6. Site Contact for visits and inspections (p.8)

Name/Title George Sylvester

Mailing Address 32134 Steven Way

City/State/Zip Conifer, CO 80433

Phone (303) 838-5898 ext _____

7. Forms Contact for notifications and annual reports (p.8)

Name/Title Anita Ford

Mailing Address P.O. Box 34325

City/State/Zip Seattle, WA 98124-1325

Phone (425) 889-3715 ext _____

8. Site Operator responsible for dangerous waste activity (p.8)

Name/Title George Sylvester

Mailing Address 32134 Steven Way

City/State/Zip Conifer, CO 80433

Phone (303) 838-5898 ext _____

9. Hazardous Waste Generator Status and Activities

Indicate the facility's generator status by checking the appropriate boxes below.

9.a. Dangerous waste activity (p.8-11)

1. Generator

- a. Greater than 2,200 lbs
 b. 220-2,200 lbs
 c. Less than 220 lbs

2. Frequency

- a. Monthly
 b. Batch
 c. One-Time Only

3. Transporter (indicate mode in boxes 1-5 below).

- a. Transport own waste
 b. Transport for commercial purposes

Mode of Transportation

1. Air
 2. Rail
 3. Highway
 4. Water
 5. Other-specify: _____

4. Treater, Storer, Disposer (at installation). Note: A RCRA Permit is required for this activity.

- a. For waste generated at this facility.
 b. For waste generated by other facilities

5. Dangerous waste fuel

- a. Generator marketing to burner.
 b. Other marketers
 c. Boiler and/or industrial furnace
 1. Smelter deferral
 2. Small quantity exemption

Indicate type of combustion device(s):

1. Utility boiler
 2. Industrial boiler
 3. Industrial furnace

6. Immediate recycler
 7. Permit by Rule facility
 8. Treatment by Generator
 9. Mixed Radioactive
 10. LQHUW (Large Quantity Handler of Universal Waste)
 a. Batteries
 b. Mercury containing thermostat

9.b. Used oil fuel activities (p.11-12)

Used oil fuel marketer

- a. Marketer directs shipment of used oil to off-specification burner.
 b. Marketer who first claims the used oil meets the specifications

1. Used oil burner—indicate type(s) of combustion device(s).

- a. Utility boiler
 b. Industrial boiler
 c. Industrial furnace

2. Used oil transporter—indicate type(s) of activity(ies).

- a. Transporter
 b. Transfer facility

3. Used oil processor/re-refiner—indicate type(s) of activity(ies).

- a. Process
 b. Re-refine

RCRA Site ID # (p.5) WAR 000 005 579

Name of site (same as section 2) Crime

10a. Waste Description (p.12)

10b. Waste Codes: (p.12-13)

See Attached

1. Listed (WAC 173-303-9903, and 9904): Fill in those codes that best describe your waste(s).

2. Characteristics (WAC 173-309-090): Identify (circle or fill in) those codes that best describe your waste(s).

D001	D002	D003	TCLP
Ignitable	Corrosive	Reactive	_____

3. State-only (WAC 173-303-100, -180): Circle those codes that best describe your waste(s).

WT01 WT02	WP01 WP02 WP03	WL01 WL02	W001	WSC2
Toxic	Persistent	Labpack	PCB	Solid Corrosive

11. Comments (p.13)

Formerly: Van Waters + Rogers 1st Ave S ISTS

12. Notification checklist (p.13)

- Did you sign and date the notification form?
- Did you keep a copy for your files?
- Did you complete the correct sections of this notification form to fit your situation? (See section 1 - Notification).
- If you are Withdrawing/Canceling your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you submit your completed annual report with this request for Withdraw/Cancel?

13. Certification (p.13)

This form cannot be processed without a signature

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and official title (type or print) Date signed

Ronald Van Deken

Ronald Van Deken Reg. Mgr

4/12/01